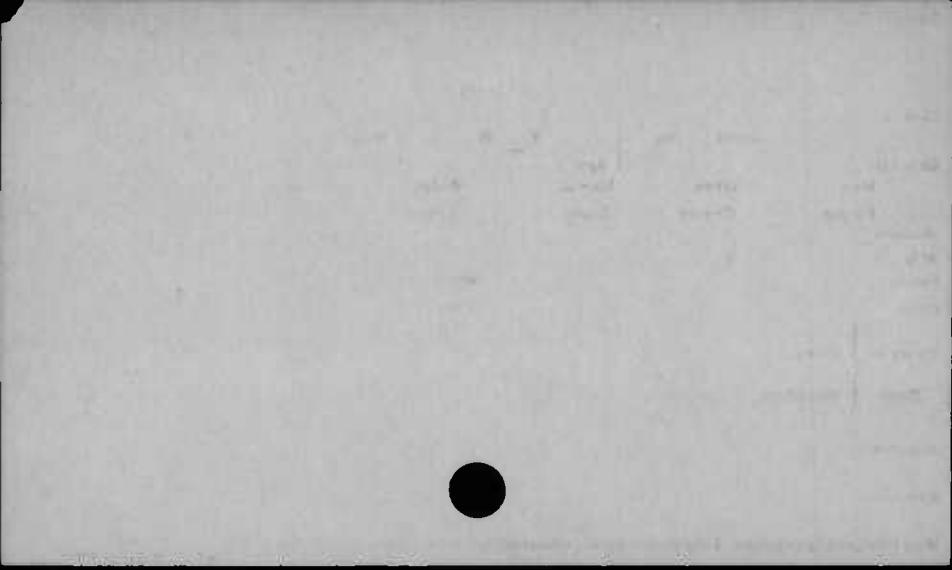


Name in Full *Mattie Bateman*
 Died at *near Lothair* *Charles* County *State of* **MARYLAND**
 Date 189 *8* *July* *2d* *25* *+* *-* *Chas. Co. Md* *Housewife*
Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *3*
 Husband of *Mattie Thomas Bateman*
 Wife of *Washington Burke* Mother's Name *Mary Burke*
 Cause of Death { Primary *Unknown. 161* *only part of day*
 { Immediate *Supposed heart disease* *Accident, Suicide, Homicide*
 Reported by *P. W. Robey*
 Address *Bel Air* *Charles Co. Md.*



Susan Ann Berry

Town

County

Died at

Troy (6th Dist.)

Charles

MARYLAND

Date 189

8 - July 28th Y. 77 M. D. — Native of P. G. Co., Md. Occupation Invalid 8 years~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living None -

~~Husband~~

of

Widow Samuel T. Berry

Father's

Mother's

Name

David Middleton

Name

134 Gwynne

Cause of

Primary

Rheumatoid Arthritis

How long sick

Bedridden 8 years

Death

Immediate

Age & Exhaustion

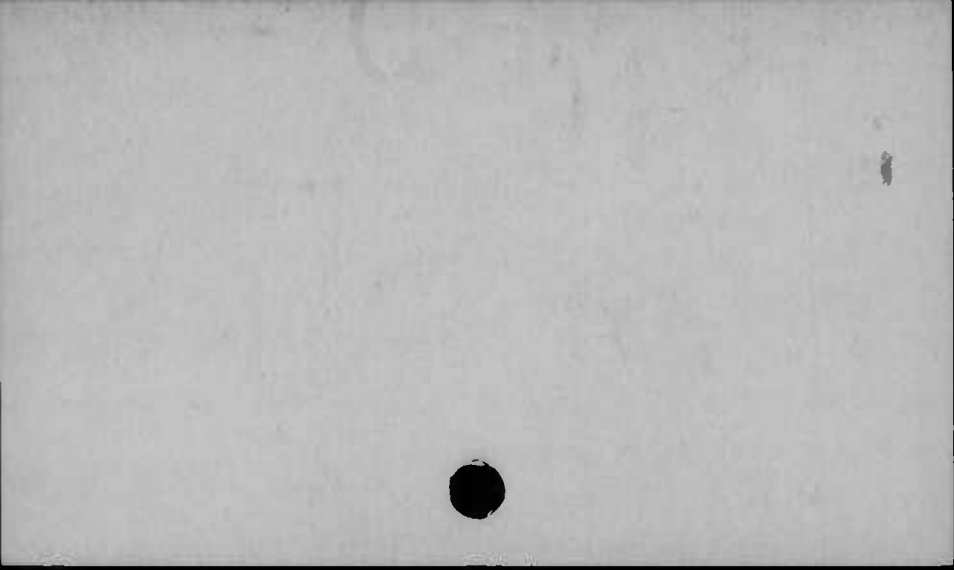
~~Accident, Suicide, Homicide~~

Reported by

W. G. Fowler, M.D.

Address

Accokeek, P. G. Co., Md.



Name in Full *Alinson Payne*
 Town *Benedict* County *Charles*

Died at

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

July 28

Age

*7**Benedict Play bay*

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

John W. Payne
Drawn
J. C. Jay
Herpesville

How long sick

148

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jerret Turner

Town

County

Died at

Hughesville Charles

MARYLAND

Date 189

8 July 24

Age

50

Y. M. D.

Native of

Charles Co

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Two

Husband

of

Rose Turner

Wife

Father's

Name

John Turner

Mother's

Name

Eary Turner

Cause of

Primary

57

How long sick

Death

Immediate

Heart disease

~~Accident, Suicide, Homicide~~

Reported by

A. E. Jay

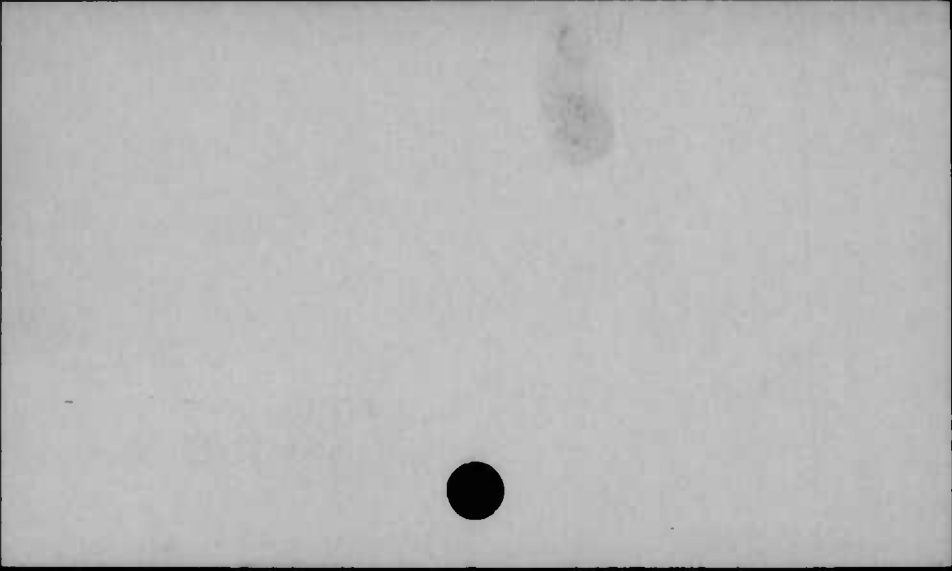
Undertaker

Address

Hughesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Young

Died at *In Middleton Dist* Town *Charles* County *MARYLAND*

Date 189*8* Month *July* Day *31st* Age *3 weeks 1 day* Native of *Chas. Co* Occupation

~~Male~~ *White* ~~Female~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower*

Number of children living

Husband of

Father's Name

Mother's Name

Cause of Death { Primary *Unknown, no physician or* How long sick

Death { Immediate *medicine* *161* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

